

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	58	1/12/70
EXAMINER	90	2-3-78
TYPIST	J. Subbs	4/11/77
VERIFIER	JMB	4/13/78
CORPS CORR.		
SPEC. HAND	10	4/21/78
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date						
	Final	Original	1/1/70	1/1/70	1/1/70	1/1/70	1/1/70
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SYMBOLS  
 ✓ ..... Reported  
 - ..... Allowed  
 (Through number) ..... Cancelled  
 + ..... Restricted  
 N ..... Non-Selected  
 I ..... Insurance  
 A ..... Appeal  
 O ..... Other

Claim	Date
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